

8029

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 781Primary Registration District No. 6027Registrar's No. 4

1. PLACE OF DEATH:

- (a) County STE. GENEVIEVE
 (b) City or town RURAL, BEAUVIS TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) 2

- (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT 636
FULL NAME NICHOLAS GRITHER

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex MALE 5. Color or _____
race WHITE 6. (a) Single, widowed, married,
divorced MARRIED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
BERNARD FREIG alive 74 years

7. Birth date of deceased MAY 3 1963
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 22 _____ hr. _____ min.

9. Birthplace NEW OFFENBURG MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN GRITHER
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name ROSEAL HUBER
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John P. Grither
 (b) Address St. Mary's Mob.

17. (a) BURIAL (b) Date thereof FEB 27 1960
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation 020RA MO

18. (a) Signature of funeral director Paul Risher
 (b) Address St. Genevieve, Mo.

19. (a) 2/26/60 (b) Robert H. Lamm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County STE. GENEVIEVE

- (c) City or town RURAL Beauvis Township
 (If outside city or town limits, write "RURAL")

- (d) Street No. _____
 (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
 year 1960 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from 12/4/59
1940 to Feb 2-25-60 (23) 1940
 that I last saw him alive on _____
 and that death occurred on the date and hour stated above.

- Immediate cause of death Chronic Myocarditis
Hydrothorax -
Arterio-sclerosis

- Due to _____

- Due to _____

- Other conditions Chronic Prostatitis
 (Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____
 (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Robert H. Lamm (M. D. or other) 1

- Address St. Genevieve, Mo. Date signed 2/26/60

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leo E. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo E. Basler.....

Licensed Embalmer No. 1985.....

P. O. Address St. Lawrence Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.